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## BIB DATA SHEET

CONFIRMATION NO. 6898

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/552,023	07/27/2006	424	1625	PR/4-33154A		
<b>RULE</b>						
<b>APPLICANTS</b> Robin Alec Fairhurst, West Sussex, UNITED KINGDOM; David Andrew Sandham, West Sussex, UNITED KINGDOM; David Beattie, West Sussex, UNITED KINGDOM; Ian Bruce, West Sussex, UNITED KINGDOM; Bernard Cuenoud, Lausanne, SWITZERLAND; Reamonn Madden, Hampshire, UNITED KINGDOM; Neil John Press, West Sussex, UNITED KINGDOM; Roger John Taylor, West Sussex, UNITED KINGDOM; Katharine Louise Turner, West Sussex, UNITED KINGDOM; Simon James Watson, West Sussex, UNITED KINGDOM;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/03516 04/02/2004						
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0307856.5 04/04/2003 UNITED KINGDOM 0311462.6 05/19/2003 UNITED KINGDOM 0313489.7 06/11/2003 UNITED KINGDOM 0316656.8 07/16/2003 UNITED KINGDOM 0316657.6 07/16/2003						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 12/12/2006						
Foreign Priority claimed <input type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/D M SEAMAN/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> NOVARTIS CORPORATE INTELLECTUAL PROPERTY ONE HEALTH PLAZA 104/3 EAST HANOVER, NJ 07936-1080 UNITED STATES						
<b>TITLE</b> Quinoline-2-one derivatives for the treatment of airways diseases						
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)		

		<input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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